

HellerEhrman

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Facsimil Transmittal

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GROUP 1600

OFFICIAL

To: Examiner F. Hamud – USPTO (Art Unit: 1647)
Telephone: (703) 308-8891
Fax: (703) 308-0294

From: John P. Isacson (User ID: 4870)
Telephone: (202) 912-2777
Fax: (202) 912-2020

No. of Pages: 21 (including cover)

Date: December 18, 2001

Matter No.: 37945-0003

Message:

Re: U.S. Serial No. 09/142,043 (Danuta Ewa Irena MOSSAKOWSKA *et al.*)
FRAGMENTS OF CR1 AND THEIR USE
Your Reference: 39156 US
Our Reference: 37945-0003

The following papers are being facsimile transmitted to Examiner Hamud, Group 1647, at (703) 308-0294:

- (1) Certificate of Transmission Under 37 CFR §1.8 (PTO/SB/97)
- (2) Fee Transmittal (Form PTO/SB/17)
- (3) Petition for Extension of Time (Form PTO/SB/22)
- (4) Amendment & Request for Reconsideration Under 37 CFR §1.116

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PTO/SB/97 (08-00)

Approved for use through 10/31/2002. OMB 0651-0031

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Denise M. Mayhew
Signature

Denise M. Mayhew
Typed or printed name of person signing Certificate

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Group 1647, at (703) 308-0294:

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- (3) Amendment and Request for Reconsideration Under 37 CFR 1.116



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PTO/SB/17 (10-01)

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**FEE TRANSMITTAL
for FY 2002**

Patent fees are subject to annual revision.

Complete If Known

Application Number	09/142,043
Filing Date	December 1, 1998
First Named Inventor	Danuta Ewa Irena MOSSAKOWSKA et al.
Examiner Name	F. Hamud
Group / Art Unit	1647
Attorney Docket No.	37945-0003

TOTAL AMOUNT OF PAYMENT (\$) 720

METHOD OF PAYMENT (check one)		FEE CALCULATION (continued)	
1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any over payments to:		3. ADDITIONAL FEES	
Deposit Account Number: 08-1641		Fee Code	Fee Description
Deposit Account Name: HELLER EHRMAN WHITE & MCAULIFFE		Large Entity (\$)	Small Entity (\$)
<input checked="" type="checkbox"/> Charge Any Additional Fee Required Under 37 CFR 1.18 and 1.17		105	130
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		127	50
2. <input type="checkbox"/> Payment Enclosed:		205	65
<input type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money Order <input type="checkbox"/> Other		227	25
		139	130
		147	2,520
		112	920*
		113	1,840*
		115	110
		116	400
		117	920
		118	1,440
		128	1,960
		119	320
		120	320
		121	280
		138	1,510
		140	110
		141	1,280
		142	1,280
		143	460
		144	620
		122	130
		123	50
		126	180
		581	40
		146	740
		149	740
		179	740
		169	900
		Other fee (specify)	
		*Reduced by Basic Filing Fee Paid	
		SUBTOTAL (3) (\$)	
FEE CALCULATION			
1. BASIC FILING FEE			
Large Entity	Small Entity		
Fee Code	Fee (\$)	Fee Code	Fee (\$)
101	740	201	370
106	330	208	165
107	510	207	255
108	740	208	370
114	160	214	80
SUBTOTAL (1) (\$)		0	
2. EXTRA CLAIM FEES			
Total Claims	-20 **	Extra Claims	Fee from below
Independent Claims	-3 **	0	0
Multiple Dependent		0	0
SUBTOTAL (2) (\$)		0	
*or number previously paid, if greater; For Reissues, see above			

SUBMITTED BY		Complete (if applicable)	
Name (Print/Type)	John P. Isacson	Registration No. Attorney/Agent	33,715
Signature	<i>John P. Isacson</i>	Telephone	(202) 912-2000
		Date	December 18, 2001

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